

February 3, 2011

1 of 4

United States Bankruptcy Court  
Southern District of New York.

In re  
Motor Liquidation Company, et al  
f/k/a General Motors Corp, et al

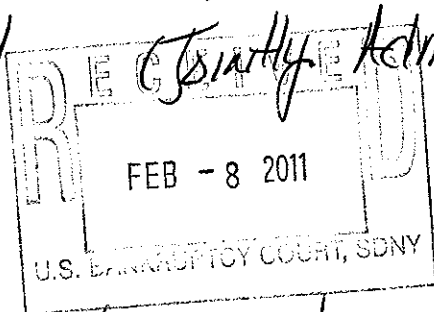
Debtors.

Chapter 11 Case No  
09-50026 (LCB)

Delphi Corporation - 05-44481  
(RDD)

(Jointly Administered)

Dear Judges/Courts:



I Sheryl Z. Carter at 1541  
LaSalle Ave #1, Niagara Falls, New York 14301  
my numbers are (716) 282-1639 and (716)  
930-4495.

Enclosed are copies of documents  
from Delphi Sub Administration Center and  
Ohio Department of Job and Family Services

Sheryl Y. Carter

2 of 4

Office of Unemployment Compensation  
Determination of Unemployment Compensation  
Benefits, and Delphi Corporation Personal  
Savings Plan and the Delphi Salaries  
Retirement Savings Program.

I Sheryl Y. Carter contacted Delphi  
Sub Administration Center several times  
and I continue to get the run around  
delay tactics about my funds that  
are rightfully due to me. Delphi  
and their affiliated debtors, Agency  
continue to place stress upon me,  
and my family, harassment, retaliatory  
tactic continue to go on. I also continue  
to hear from Delphi and affiliated debtors  
and Company that they do not have

any files on me. My question is why  
not, and how is it that Belphi continues  
to contact me about enclosed document  
also claims that I share of Carter  
have against Belphi Corporation Am  
Company. Also Jim contacted after the  
fact, deadlines, etc. I contacted Belphi.  
Stock (PSP) which I was small settlement  
that was place into Belphi Am Stock, which  
I can not withdraw, take out, due to Belphi.  
and affiliated letters has a hold on my  
account. Again I am being told they  
do not know why, the representatives.  
I contacted Union Representatives Leslie  
Cash who is looking into the matter.  
Delay tactic continues. As I have  
NO INCOME since March 2010 of

Unemployment Benefits, which these funds  
was delay cut off in between months  
at a time, and I sheryl J. Carter has  
to go through the same delay, stress  
tactic as I continue to go through  
now, present and future.

I ask respectfully of you the  
Judges and Court to have this stop  
and allow all my claims that is allow  
to be given to me Cash only. Please  
this tactics that is place upon  
me is, and continue to cause stress  
painful pressure against me and my  
family.

Thank you.

Sincerely  
Sheryl J. Carter

CERTIFIED MAIL<sup>®</sup> RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee  
(Endorsement Required)Restricted Delivery Fee  
(Endorsement Required)

Total Postage &amp; Fees \$

Postmark  
Here

Sent To

Street, Apt. No.,  
or PO Box No.

City, State, ZIP

PS Form 3800, August 2006

See Reverse for Instructions

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Delphi Sub Admin. Center  
Attn: Appeal Dept  
P.O. Box 5027  
Troy, Michigan 48098

## 2. Article Number

(Transfer from service label)

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X

- ☐ Agent  
☐ Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

- D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

## 3. Service Type

- ☐ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

## 4. Restricted Delivery? (Extra Fee)

☐ Yes

December 20, 2010

Delphi Sub Administration Center

Attn: Appeal Dept.

P.O. Box 5027

Troy, Michigan 48098 USA.

1 of 3

Dear Appeal Dept.

Enclosed are copies of the forms I  
Sheryl J. Carter at 1541 LaSalle Ave #1,  
Niagara Falls, New York 14301. My numbers  
are (716) 282-3624 and (716) 920-4495  
in September 2010, and I had to mail back  
in October 2010 both with letters I wrote.

I am appealing this decision, due to  
I Sheryl J. Carter only received two  
checks from Delphi Sub Administration, which  
is also enclosed. According to the letter  
the Sub funds was to beginning in,  
on September 21, 2010. I was told

the Sub funds ended September 2010, for  
the employees who took option 3 from Delphi  
Corporation. Also, I did not know I  
was to continue filing after my term  
ended in March 2010 for Unemployment  
Benefits. First of all I was not notify  
or aware of this information, or to file  
for Sub funds, or who I was to ~~come~~  
contact, But afterwards Delphi Sub  
Administration Center contacted me to fill  
out forms. Why could this have been  
completed before funds expired? This is  
not my fault and again I am  
appealing this decision. Also look into  
the matter of me, Sheryl Y. Carter not  
receiving Sub fund back in the 2 years  
ago when I was laid off 2007.

Sharp of Carter. 2 of 2  
So my understanding other employees  
received sub funds, even if they took  
or was given options 3. Again I ask  
if you the Appeal kept to look into  
this matter and correct the problem.

Thank you. In the future I would  
like to be notify a head of time.

Sincerely  
Sharp of Carter

P.S. Also I have  
relocated back to  
my home town above  
from Ohio, another  
reason I did not know  
about filing continually.

Sharp of Carter



# DELPHI

Delphi SUB Administration Center  
P.O. Box 5027  
Troy, MI 48098  
1-248-813-1782

September 28, 2010

SHARYL CARTER  
1541 LASALLE AVE #1  
NIAGARA FALLS, NY 14301

**Re: Determination of Ineligibility**

Employee SSN: [REDACTED] 9353

Employee Name: SHARYL CARTER

You are ineligible for a benefit under the SUB Plan for the week ending Sunday, for the following reason(s):

**Employee has not submitted UC monetary determination paperwork covering SUB Application week ending date**

**Appeals Procedure:** If you disagree with this determination, you may appeal. Contact your Local Union Benefit Representative for instructions on how to appeal this determination. You should keep copies of all documents pertaining to your appeal. Your written appeal must be mailed to the Delphi SUB Administration Center within 30 days following the date of this notice. Send your appeal to:

Delphi SUB Administration Center  
P.O. Box 5027  
Troy, MI 48098

If you have any questions or require additional information about this letter, please call the Delphi SUB Administration Center, Monday through Friday between 8:00 a.m. and 4:00 p.m. Eastern Time zone, to speak with a Customer Service Associate.

Sincerely,

**Delphi SUB Administration Center**

cc: Leslie Cash - Moraine & Kettering

**Dependent Information Change Form (SUB-DI Form)**  
Delphi Supplemental Unemployment Benefit Plan

About You (please print)

Carter, Sheryl  
Last Name First Name Middle Initial  
1341 Lakeland Ave #1 - Niagara Falls New York 14301  
Street Address City State Zip Code  
(716) 282-3624 (716) 282-1639 9-1-64  
Home Telephone Number Daytime Telephone Number Date of Birth

**1. Check One:**

- ☐ I am submitting the names of my Federal Income Tax dependents because I am included in my spouse's dependency information.
- ☐ I am entitled to a greater number of dependents—I am submitting the names of my Federal Income Tax dependents because I am entitled to a greater number of dependents than I claim.
- ☐ My spouse and I will be laid off at the same time—My spouse and I are both Delphi employees, with separate Delphi dependency information, and will be laid off at the same time. (You and your spouse must each complete a new SUB-DI form to indicate how your Federal Income Tax dependent exemptions are to be divided between the two of you prior to applying for SUBenefits. You and your spouse may not claim the same dependents. Failure to complete the SUB-DI form may result in a SUB overpayment.)
- ☐ None of the above applies—Information was requested by the Delphi SUB Administration Center.
- ☐ Please cancel my previous dependent change request and use my current health care benefit dependent information.

**2. Indicate Your Federal Income Tax Marital Status:** X Single      Married

**3. List your Federal Income Tax dependents to be used for SUBenefit purposes:**

Name (First & Last)	Relationship
<u>Creola Yvette Everett</u>	<u>Daughter</u>

**4. Number of Dependents claimed above:** 1 + 1 (myself) = 2 (Total Number Claimed)

**Signature and Date**

Any changes made as a result of your submission of this form will be reflected in your SUBenefit for the week following the week in which the Delphi SUB Administration Center receives this form.

The information I am furnishing is true and correct to the best of my information and belief. I understand the completion of the form is for the purpose of calculation of my 95% Weekly After-Tax Pay which is used to determine the amount of my Regular SUBenefit. THIS FORM WILL NOT AFFECT MY INCOME TAX WITHHOLDING FOR PAYROLL PURPOSES. This form does not authorize Delphi Corporation to revise my current Form W-4 and has no effect on my claim of dependents for state UC benefit purposes. In addition, I recognize this form will stay in affect until I either complete and submit another for changes, or submit one for cancellation.

Signature

Date

Mail Completed Form To:  
Delphi SUB Administration Center  
P.O. Box 5027  
Troy, MI 48098

Contact Information:  
Phone: 1-248-813-1782

I do request if included Health Ins  
Sheryl J. Carter

SFBN45

## EMPLOYEE LAYOFF CHECKLIST

### Unemployment Compensation (UC)

- ☐ After your layoff begins, contact your local Unemployment Compensation (UC) office or use the telephone number provided by the state agency. Answer all questions to the best of your knowledge, such as reporting wages and hours worked.
  - ☐ If you have been denied UC due to Sunday earnings, include a copy of your denial letter with your SUB Application to the Delphi SUB Administration Center. Failure to do so may result in your SUBenefits being denied.
  - ☐ If you have been denied UC due to insufficient earnings, include a copy of your denial letter with your SUB Application to the Delphi SUB Administration Center. Failure to do so may result in your SUBenefits being denied.
  - ☐ Upon approval of initial UC Benefits, temporary extensions or Trade Readjustment Assistance, you will receive a Monetary Determination or Claim form from the state agency that provides Benefit year information. Include the Monetary Determination form with your SUB Application when applying for your SUBenefit. Failure to do so may result in your SUBenefits being denied.
- Note:** If you work(ed) in a plant previously covered by an AutoSUB program, you now need to send your Monetary Determination information and SUB application to the Delphi SUB Administration Center to apply for SUBenefits. **Your SUBenefits will no longer be automatically processed** based on information in the corporate personnel system and information received electronically from the state UC agency.
- ☐ Proof of an UC Payment must also be included in with your SUB Application. If you're receiving an automatic payment directly into your bank account, your state's UC website should have a link to a page showing your payment. Failure to include proof of UC payment (for same week as SUB application) with your SUB Application may result in your SUBenefits being denied.

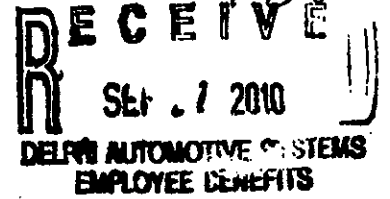
### SUBenefits

- ☐ Obtain a hard copy SUB application from your Union Benefit Representative or Plant Personnel Department and complete all questions to the best of your knowledge.
- ☐ To change the number of dependents currently used to calculate your 95% SUB Gross Amount, submit a SUB Dependent Change (SUB-DI) Form with your SUB Application. These forms can be obtained from your Union Benefit Representative or Plant Personnel Department. This form will stay in effect until changed or cancelled.
- ☐ You must wait to apply for SUBenefits until after you receive your UC payment for the same week. Your SUB Application, Proof of Outside Earnings and Proof of UC Payment **must** be filed within 60 days of the week for which you are applying.
- ☐ If your application is received before Tuesday and passes all audits, your check will be mailed on Friday of the same week.

Delphi SUB Administration Center  
P.O. Box 5027  
Troy, MI 48098  
248-813-1SUB (1782)

Sept 20, 2010

Delphi Sub Administration Center  
P.O. Box 5027  
Troy, Michigan 48098 USA



Dear Delphi Sub Administration Center.

Enclosed is a copy of a letter, information that was mailed to: Mr Sheryl Z. Easter at 1541 Lasalle Ave, Niagara Falls, New York 14301

I am not or have never collected Supplement Unemployment Benefit, as I am eligible to collect. I tried several times to contact your agency at (248) 813-1782, no one can get through on this above phone number, therefore I am writing this letter. If I need any further information, or letter to fill out, I ask you to mail that information to me, Sheryl Z. Easter at the above address. I do not know if I currently have a Sub B-1 form on file with CISA, I filled one out anyway, also sub

Sept 10, 2010  
242

Application enclosed.

Also I ask that your agency mail me names, phone numbers of personnel department, union representatives, any other department that I need to contact, since my plant was closed in Ohio you should have all this information in your files.

Also enclosed is a letter, statement from Ohio Department of Job and Family Services that was mailed to me stating my benefits was expired as of March 24, 2010.

If I need to send more information please contact me.

Sincerely,  
Ray J. Carter

State of New York  
County of Niagara  
Subscribed and Sworn to before me  
this 23rd day of September, 2010  
Notary Public  
Amanda Licht  
Amanda Licht  
NOTARY PUBLIC-State of New York  
No. 01LI6203457  
Qualified in Niagara County  
My Commission Expires April 06, 2013

# Multiple Week Application for SUBenefits

FORM SUB-2

## ABOUT YOU

Participant's Name (First, Middle Initial, Last) Shary J. Carter Participant's Social Security Number (SSN) 9353 Plant City/State Location Moscow, Kentucky

WEEK 1			
	Month	Day	Year

WEEK 2			
	Month	Day	Year

## UNEMPLOYMENT COMPENSATION

WEEK 1		WEEK 2	
UC BENEFIT RECEIVED	Reason for Ineligibility	UC BENEFIT RECEIVED	Reason for Ineligibility
Gross Amount	A B C D	Gross Amount	A B C D
\$		\$	

For WEEK 1 or WEEK 2, did you receive, or were you eligible to receive, any State or Federal Unemployment Compensation Benefit? (See mailing checklist on reverse side for more information.) If yes, enter the total gross amount.

WEEK 1 Yes ☐ No ☐ WEEK 2 Yes ☐ No ☐

Enclose proof of receipt of such benefit showing the gross amount and each week ending date.

If no, review the reasons for ineligibility for each week below and circle the letter in the Ineligibility column to the right.

A. Exhausted /Insufficient wages to qualify C. Too much earned income  
B. State Waiting Week D. Other \_\_\_\_\_

Enclose a copy of any papers from the State or Federal Agency for proof of ineligibility.

## EARNINGS

WEEK 1		WEEK 2	
Earnings Gross Amount		Earnings Gross Amount	
\$		\$	

For any day in WEEK 1 or WEEK 2, did you receive any earnings from ANY employer, including self-employment? Did you receive or were you eligible for any Corporation HOLIDAY PAY for the week(s) you are claiming? Fill in the name and address of the employer. ENTER GROSS EARNINGS.

WEEK 1	YES	NO	Earnings	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Name of Employer:											
Address:											
WEEK 2	YES	NO	Earnings	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Name of Employer:											
Address:											

## OTHER BENEFITS

WEEK 1	YES	NO	Other Benefits	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Name of Payer:											
Type of Benefit:											
WEEK 2	YES	NO	Other Benefits	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Name of Payer:											
Type of Benefit:											

For any of the days in WEEK 1 or WEEK 2, did you receive, or were you eligible for, or claiming:

Sickness /accident Disability Benefits Other: \_\_\_\_\_ Worker's Compensation Training Allowance Disability Pension Corporation Pension

## SIGNATURE AND DATE

I have read the "Certification Statement" accompanying this application and agree to be bound thereby.

Shary J. Carter Signature Sept 20, 2010 Date

You must sign and date this form so that your request can be processed.



October 22, 2010

Delphi Sub Administration Center  
P.O. Box 5027  
Troy Michigan 48098

1 of 2

Enclosed are copies of the information  
and documents that was mailed back to  
me, Sheryl J. Parker at 1541 LaSalle Ave #1  
Niagara Falls, New York 14301. My phone  
numbers is (716) 282-3624. Also Ohio  
Department of Job & Family Services Office of  
Unemployment Compensation Determination  
that I am disallowed service dated Oct  
6, 2010.

Your stamp of receiving my application,  
documents was Sept 27, 2010. The application  
of multiple week for sub benefits from Sub-2  
that's high lighted is blank, due to I  
do not have that information. I Sheryl



October 22, 2010

2 of 2

2f. Carter contacted my Union Rep. Leslie  
Cash for this information, I was unable  
to get this information until I get the  
letter from Unemployment Office of disallowed  
benefits which Jim mailing to Leslie  
and to you, which is enclosed. I would  
like for you to try and get this in-  
formation for me, as Jim wait until  
she give it to me, and Jim send  
that form to you. I hope this do  
not interfere with my Sub pay.  
Thank You.

Sincerely  
Sheryl J. Carter

October 22, 2010

Leslie Cash  
IUE-CWA Local 755  
1675 Woodman Drive  
Dayton Ohio 45432

1 of 2

I Sheryl J. Carter at 1541 Lake  
Ave #1, Niagara Falls, New York 14301. My  
Number is (716) 282-6024

Enclosed is a copy the letter that  
stated I was ~~disallowed~~ Service-Benefits  
from Ohio Department of Job & Family  
Services Office of Unemployment Com-  
pensation Determination dated Oct 6, 2010.  
and a copy of application form of Multiple  
Week for Subsidized form Sub-2. I  
would like this form to be filed out  
and return to me, Sheryl J. Carter

October 22, 2010

Rob 2

and to Delphi Sub Administration Center  
 P.O. Box 5027, Troy Michigan 48098

I hope this do not delay the processing  
 for a long period of time.

I was requested by Unemployment  
 Department not to give my pin number  
 out as you request to check on the  
 status of my claim, which again a copy  
 is enclosed, if you need or have to have  
 my pin number, I would like a written  
 letter from you or your supervisor signed  
 and requesting my pin number.

Thank you.

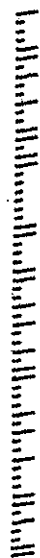
Sincerely  
 Sheryl J. Carter

CO. FILE DEPT. CLOCK NUMBER 056  
86A 012423 000002 0094709783 1

DPH-SAS LLC  
5725 DELPHI DRIVE  
TROY, MI 48096

*Rec 11/11/2010*

14301\$1227 C063



SHARYL CARTER  
1541 LASALLE AVE #1  
NIAGARA FALLS NY 14301



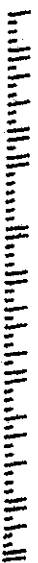
UNITED STATES POSTAGE  
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0004230059 NOV 10 2010  
MAILED FROM ZIP CODE 48083  
\$00.44<sup>0</sup>  
PRIMEY BOWES

CO. FILE DEPT. CLOCK NUMBER 056  
86A 012423 000002 0094709784 2

DPH-SAS LLC  
5725 DELPHI DRIVE  
TROY, MI 48096

*Rec 11/11/2010*

14301\$1227 C063



SHARYL CARTER  
1541 LASALLE AVE #1  
NIAGARA FALLS NY 14301



UNITED STATES POSTAGE  
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0004230059 NOV 10 2010  
MAILED FROM ZIP CODE 48083  
\$00.44<sup>0</sup>  
PRIMEY BOWES

CO. FILE DEPT. CLOCK NUMBER 056  
86A 012423 000002 9783 1

## Earnings Statement



DPH-SAS LLC  
5725 DELPHI DRIVE  
TROY, MI 48096

Period Beginning: 10/31/2010  
Period Ending: 11/06/2010  
Pay Date: 11/12/2010

Taxable Marital Status: Single  
Exemptions/Allowances:  
Federal: 0  
OH: 0

SHARYL CARTER  
1541 LASALLE AVE #1  
NIAGARA FALLS NY 14301

Social Security Number: XXX-XX-9353

Earnings	rate	hours	this period	year to date
Sub No Fica			495.46	495.46
<b>Gross Pay</b>			<b>\$495.46</b>	495.46

Deductions	Statutory		
Federal Income Tax	-52.66		52.66
OH State Income Tax	-11.60		11.60
Moraine Income Tax	-9.91		9.91

Other	
Union Dues lue	-28.00
<b>Net Pay</b>	<b>\$393.29</b>

Your federal taxable wages this period are \$495.46

CO. FILE DEPT. CLOCK NUMBER 056  
86A 012423 000002 2007-11-1784 2

## Earnings Statement



DPH-SAS LLC  
5725 DELPHI DRIVE  
TROY, MI 48096

Period Beginning: 10/31/2010  
Period Ending: 11/06/2010  
Pay Date: 11/12/2010

Taxable Marital Status: Single  
Exemptions/Allowances:  
Federal: 0  
OH: 0

SHARYL CARTER  
1541 LASALLE AVE #1  
NIAGARA FALLS NY 14301

Social Security Number: XXX-XX-9353

Earnings	rate	hours	this period	year to date
Sub No Fica			495.46	990.92
Gross Pay			\$495.46	990.92
Deductions	Statutory			
	Federal Income Tax		-52.66	105.32
	OH State Income Tax		-11.60	23.20
	Moraine Income Tax		-9.91	19.82
Net Pay			\$421.29	

Your federal taxable wages this period are \$495.46

December 2010

To: Participants in the Delphi Personal Savings Plan for Hourly Rate Employees and  
Participants in the Delphi Savings-Stock Purchase Program for Salaried Employees (the  
"Plans") Between March 7, 2000 and March 3, 2005

Re: Distribution to the Plans of Proceeds from Settlements Achieved in a Securities Class  
Action

This is to advise you that the Plans filed a claim to participate in the distribution of the proceeds of settlements achieved by plaintiffs in a securities class action - - *In re Delphi Corp. Sec. Litig.* Case Nos. 06-10025, 06-10026, 06-10027, 06-10028, 06-10029, 06-10030, and 06-10032. The Plans have received a distribution from the settlements, and the Plans' actuary has determined each participant's proportionate share of that distribution.

As a Terminated Vested participant, the proceeds allocated to you by the Plans were invested according to your most recent investment elections on file at Fidelity. If you did not have investment elections on file at Fidelity on the allocation date, your proceeds were invested in the Promark Income Fund. The proceeds appear in your account as a new source called "Litigation Proceeds" and are 100% vested.

You can view the amount you received by logging onto [www.netbenefits.com](http://www.netbenefits.com). After logging in, click on the Plan link from the Home page and then click on Transaction History to view the "Litigation Proceeds" contribution amount.

To see more information about the underlying litigation, you can view the notice describing the action by visiting [www.delphiclasssettlement.com](http://www.delphiclasssettlement.com).

If you are eligible to take this money as a distribution please view the 402(f) tax notice on Fidelity NetBenefits before calling to request the distribution. To view the notice click on:

- The Plan link from the Home page
- Loans or withdrawals
- Withdrawals
- View the participant distribution and tax notices.

If you have any questions regarding this communication or your Plan account, please call the Fidelity Benefit Center at 1-877-389-2374 to speak with a Delphi Savings Plans Customer Service Associate. Customer Service Associates are available business days from 8:30 a.m. to midnight Eastern Time.

**DPH Holdings Corp.**

World Headquarters 5725 Delphi Drive, Troy, MI 48068 USA

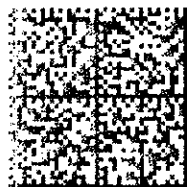
United States Bankruptcy Court Southern District Of New York		PROOF OF CLAIM
Name of Debtor <b>General Motors Corporation</b>		This Space For Court Use Only
Case Number <b>09-50026 (REG)</b>		
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (The person or other entity to whom the debtor owes money or property) <b>Sheryl Y. Carter</b>		This Space For Court Use Only
Name and Address where notices should be sent <b>Sheryl Y. Carter 92 Woburn Ave Rayon Ohio 45415</b>		
Telephone Number: <b>(937) 742-7054 - 302-8072</b>		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court. <input type="checkbox"/>
Last four digits of account or other number by which creditor identifies debtor: <b>9353</b>		
1. Basis for Claim <input type="checkbox"/> Goods Sold / Services Performed <input type="checkbox"/> Customer Claim <input type="checkbox"/> Taxes <input type="checkbox"/> Money Loaned <input type="checkbox"/> Personal Injury <input type="checkbox"/> Other		Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> amends a previously filed claim dated: _____
2. Date debt was incurred: <b>Unknown</b>		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of your SS #: _____ Unpaid compensation for services performed from _____ to _____ (date) (date)
4. Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations. <b>Unsecured Nonpriority Claim \$</b>		3. If court judgment, date obtained: <b>June 3, 2009</b>
<input type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority. <b>Unsecured Priority Claim.</b> <input type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority. Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).		<b>Secured Claim.</b> <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____
5. Total Amount of Claim at Time Case Filed: \$ _____ <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		<input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____). *Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.
6. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.		This Space For Court Use Only
7. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.		
8. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		This Space For Court Use Only
Date <b>June 16, 2009</b> Sign and print the name and title (if any) of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): <b>Sheryl Y. Carter</b>		



United States Bankruptcy Court Southern District Of New York		PROOF OF CLAIM This Space For Court Use Only
Name of Debtor <u>General Motors Corporation</u>		Case Number <u>09-50026 (REB)</u>
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (The person or other entity to whom the debtor owes money or property) <u>Sheryl Y. Carter</u>		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.
Name and Address where notices should be sent <u>Sheryl Y. Carter</u> <u>92 Woolley Lane</u> <u>Rayton Ohio 45415</u>		
Telephone Number <u>(937) 742-7007 - 328-8072</u>		This Space For Court Use Only
Last four digits of account or other number by which creditor identifies debtor: <u>9353</u>		
1. Basis for Claim <input type="checkbox"/> Goods Sold / Services Performed <input type="checkbox"/> Customer Claim <input type="checkbox"/> Taxes <input type="checkbox"/> Money Loaned <input type="checkbox"/> Personal Injury <input type="checkbox"/> Other		Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> amends a previously filed claim dated: _____
2. Date debt was incurred: <u>Unknown</u>		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of your SS #: _____ Unpaid compensation for services performed from _____ (date) to _____ (date)
4. Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations. <b>Unsecured Nonpriority Claim \$</b> _____		3. If court judgment, date obtained: <u>June 3, 2009</u>
<input type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority. <b>Unsecured Priority Claim.</b> <input type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority. Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).		<b>Secured Claim.</b> <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: _____ <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____
5. Total Amount of Claim at Time Case Filed: \$ _____ ...Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges. (Unsecured) (Secured) (Priority) (Total)		<input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____). *Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.
6. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. 7. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. 8. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		This Space For Court Use Only
Date <u>June 16, 2009</u>		Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any) <u>Sheryl Y. Carter</u>
Penalty for presenting fraudulent claim: fine up to \$500,000 or imprisonment for up to 5 years, or both - 18 U.S.C. §§ 152 and 1571		

United States Bankruptcy Court Southern District Of New York		PROOF OF CLAIM This Space For Court Use Only
Name of Debtor <b>General Motors Corporation</b>		Case Number <b>09-50026 (REG)</b>
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (The person or other entity to whom the debtor owes money or property) <b>Sheryl Y. Carter</b>		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.
Name and Address where notices should be sent. <b>Sheryl Y. Carter 92 Woodley Lane #2 Rayon Ohio 45415</b>		
Telephone Number: <b>(937) 742-7054 - 302-8072</b>		This Space For Court Use Only
Last four digits of account or other number by which creditor identifies debtor: <b>9353</b>		
1. Basis for Claim <input type="checkbox"/> Goods Sold / Services Performed <input type="checkbox"/> Customer Claim <input type="checkbox"/> Taxes <input type="checkbox"/> Money Loaned <input type="checkbox"/> Personal Injury <input type="checkbox"/> Other		Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> amends a previously filed claim dated: _____
2. Date debt was incurred: <b>UNKNOWN</b>		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of your SS #: _____ Unpaid compensation for services performed from _____ to _____ (date) (date)
4. Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations. <b>Unsecured Nonpriority Claim \$</b>		3. If court judgment, date obtained: <b>June 3, 2009</b>
<input type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority. <b>Unsecured Priority Claim.</b> <input type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority. Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).		<b>Secured Claim.</b> <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____
5. Total Amount of Claim at Time Case Filed: \$ _____ <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		<input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____). *Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.
6. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.		This Space For Court Use Only
7. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.		
8. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim. Date: <b>June 16, 2009</b> Sign and print the name and title, if any, of the creditor or other person authorized to file this claim: attach copy. <b>Sheryl Y. Carter</b> <b>Sheryl Y. Carter</b>		

0-10 120-4504  
\$00.880  
02 15/2010  
mailed from 75201  
US POSTAGE



Motors Liquidation Company  
2101 Cedar Springs Road, Suite 1100  
Dallas, Texas 75201

SHARYL Y CARTER  
1541 LASALLE AVE #1  
NIAGRA FALLS, NY 14301

There is another claim  
number/amount same  
total 3c claim no  
for this status

**VIA FIRST CLASS MAIL**

SHARYL Y CARTER  
1541 LASALLE AVE #1  
NIAGRA FALLS, NY 14301

**Re: In re Motors Liquidation Company, et al. (f/k/a/ General Motors Corporation, et al.) Case  
No.: 09-50026 (REG)**

Dear Claimant,

Motors Liquidation Company (f/k/a General Motors Corporation) and its affiliated debtors (collectively, "MLC") are in receipt of the following proof(s) of claim that you filed against MLC in an unspecified and unsecured amount:

**Creditor Name**

SHARYL Y CARTER

**Claim Number(s):**

9072

The purpose of this letter is to request that you provide MLC with a liquidated amount for your proof(s) of claim against MLC. If you do not provide us with a liquidated amount for your proof(s) of claim, MLC may be compelled to pursue liquidation of your proof(s) of claim in the Bankruptcy Court through an objection or other available procedures. If you wish to provide MLC with a liquidated amount for your proof(s) of claim, please fill out the enclosed Claim Liquidation Letter and return it to MLC at the address indicated in the top left hand corner of the letter no later than June 18, 2010. Please attach any relevant documentation to your Claim Liquidation Letter.

Upon receipt of your Claim Liquidation Letter, MLC will direct its claims agent to update the official claims register with the liquidated amount for the above-listed proof(s) of claim provided in the Claim Liquidation Letter. Please be informed that submission of a Claim Liquidation Letter will not result in allowance of your proof(s) of claim. MLC reserves all rights with regard to the above-listed proof(s) of claim, including the right to object to the liquidated amount included in the Claim Liquidation Letter.

Should you have any questions about this matter, please contact MLC at 1-800-414-9607 or by e-mail at [claims@motorsliquidation.com](mailto:claims@motorsliquidation.com).

Sincerely,  
Motors Liquidation Company

Enclosure

**VIA EMAIL AND FIRST CLASS MAIL**

Motors Liquidation Company  
Attn: Claims Team  
2101 Cedar Springs Road  
Suite 1100  
Dallas, TX 75201  
[claims@motorsliquidation.com](mailto:claims@motorsliquidation.com)

Re: In re Motors Liquidation Company, et al. ("Debtors"), Case No. 09-50026 (REG) –  
Claim Liquidation Letter

Dear Motors Liquidation Company,

By this letter, I hereby submit a liquidated amount for the following proof(s) of claim:

**Proof(s) of Claim Number**  
9072

**Liquidated Amount (Unsecured)**

~~\$500,000.00~~ (\$5 million) *SLC*

I understand and acknowledge that submission of this letter does not constitute allowance of the above-described proof(s) of claim, and that the Debtors reserve all rights with respect to these claims. I further acknowledge that upon receipt of this letter, the Debtors will direct their claims agent to update the official claims register with the liquidated amount provided in this letter for the corresponding proof(s) of claim listed above.

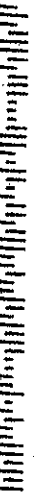
Very truly yours,

Print Name

Address

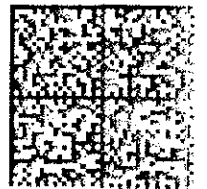
City and State

*David J. Carter*  
*David J. Carter*  
*1574 N. Highway 101, Apt #1*  
*Niagara Falls, New York 14201*



Motors Liquidation Company  
2101 Cedar Springs Road, Suite 1100  
Dallas, Texas 75201

SHARYL Y CARTER  
1541 LASALLE AVE #1  
NIAGRA FALLS, NY 14301



neopost<sup>®</sup>

0 1 2 3 20 40 54 1  
\$00.680  
05/25/2010  
Mailed from 75201  
US POSTAGE

**VIA FIRST CLASS MAIL**

SHARYL Y CARTER  
1541 LASALLE AVE #1  
NIAGRA FALLS, NY 14301

**Re: In re Motors Liquidation Company, et al. (f/k/a/ General Motors Corporation, et al.) Case  
No.: 09-50026 (REG)**

Dear Claimant,

Motors Liquidation Company (f/k/a General Motors Corporation) and its affiliated debtors (collectively, "MLC") are in receipt of the following proof(s) of claim that you filed against MLC in an unspecified and unsecured amount:

**Creditor Name**

SHARYL Y CARTER

**Claim Number(s):**

7020

The purpose of this letter is to request that you provide MLC with a liquidated amount for your proof(s) of claim against MLC. If you do not provide us with a liquidated amount for your proof(s) of claim, MLC may be compelled to pursue liquidation of your proof(s) of claim in the Bankruptcy Court through an objection or other available procedures. If you wish to provide MLC with a liquidated amount for your proof(s) of claim, please fill out the enclosed Claim Liquidation Letter and return it to MLC at the address indicated in the top left hand corner of the letter no later than June 18, 2010. Please attach any relevant documentation to your Claim Liquidation Letter.

Upon receipt of your Claim Liquidation Letter, MLC will direct its claims agent to update the official claims register with the liquidated amount for the above-listed proof(s) of claim provided in the Claim Liquidation Letter. Please be informed that submission of a Claim Liquidation Letter will not result in allowance of your proof(s) of claim. MLC reserves all rights with regard to the above-listed proof(s) of claim, including the right to object to the liquidated amount included in the Claim Liquidation Letter.

Should you have any questions about this matter, please contact MLC at 1-800-414-9607 or by e-mail at [claims@motorsliquidation.com](mailto:claims@motorsliquidation.com).

Sincerely,  
Motors Liquidation Company

Enclosure

VIA EMAIL AND FIRST CLASS MAIL

Motors Liquidation Company

Attn: Claims Team

2101 Cedar Springs Road

Suite 1100

Dallas, TX 75201

claims@motorsliquidation.com

Re: In re Motors Liquidation Company, et al. ("Debtors"), Case No. 09-50026 (REG) –  
Claim Liquidation Letter

Dear Motors Liquidation Company,

By this letter, I hereby submit a liquidated amount for the following proof(s) of claim:

Proof(s) of Claim Number

7020

Liquidated Amount (Unsecured)

~~\$500,000.00~~ (\$5 million) Syc

I understand and acknowledge that submission of this letter does not constitute allowance of the above-described proof(s) of claim, and that the Debtors reserve all rights with respect to these claims. I further acknowledge that upon receipt of this letter, the Debtors will direct their claims agent to update the official claims register with the liquidated amount provided in this letter for the corresponding proof(s) of claim listed above.

Very truly yours,

x Sheryl J. Carter  
Print Name Sheryl J. Carter  
Address 1541 Lakeland Ave #1  
City and State Mingus Falls, New York 12131



United States Bankruptcy Court  
Southern District of New York

IN RE

Chapter 11 Case  
09-50026/REL

Motors Liquidation Company, et al,  
f/k/a General Motors Corp, et al. Jointly Administered  
Rebates.

I Sheryl Z. Carter at 1541 LaSalle Ave #1  
Niagara Falls, New York 14301. My numbers are  
(716) 282-3624.

I am requesting, and would like to know  
the status of my claims or claim against  
the Rebates and its affiliated Rebates  
and copies of the Plan, and Dis-  
closure Statement.

Thank you.

Sincerely  
Sheryl Z. Carter

February 3, 2011

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United States Bankruptcy Court  
Southern District of New York

In re

Motos Liquidation Company, et al  
f/k/a General Motos Corp., et al  
Debtors

Chapter 11 Case No.  
09-50026 (Re)

Jointly Administered

I Sheryl Z. Carter at 1541 LaSalle Ave #1  
Niagara Falls, New York 14301, my numbers  
are (716) 282-1639 and (716) 930-4195.

Also I request that the Debtors and  
their affiliated Debtors mail me all copies  
documents concerning all my claims, and also  
to all Plans in all these Bankruptcy  
Courts, Hearing, cases, plans, everything, at  
the same time that I am mailed for

Replies, Responses, and deadlines, that is  
require by me the Claimant Sheryl J. Carter  
not after the fact or pass deadline date.

I Reject, object to all of the Debtors  
and their Affiliated Debtors Plans. The  
Bankruptcy Courts has not passed on the  
merits of the Plan, and I repeat that  
as well as all the Debtors and their  
Affiliated Debtors Plans.

As far as Am Debtors and its  
Affiliated Debtors Health Care and Life  
Insurance, I Reject and object, due to  
the Debtors cancelled my Insurance before  
the date stated to me which was December  
31, 2009. The Debtors cancelled my Health  
and Life Insurance November 2009,  
which stopped all treatments, medications  
that I Sheryl J. Carter needed for  
my Health problems that I continued

Sheryl Z. Carter  
09-50026

346

to have and continue to bring up more problems that's continue to occur, which started from working for the Debtors and affiliated Debtors. I believe all these tactics I continue to go through continues harassment, discrimination, retaliation due to me Sheryl Z. Carter filing claims against the Debtors and affiliated Debtors. This is very stressful, and affects my health and family. Also my funds, settlement money is being withheld within the Debtors and affiliated Debtors Company, and stock. I thought that the purpose of these claims that I have against the Debtors and affiliated Debtors was to avoid and stop all treatment tactics toward ~~me~~ towards me

Sheryl Y. Carter 4 of 6  
Case No 09-50026

to stop. I respectfully ask the Judge/Courts to allow my rejecting objections to all the Debtors and their affiliated Debtors Plans, and allow all my claims, settlements to be paid to me Sheryl Y. Carter Cash only, not Stocks within the Debtors Companies.

As GM-Debtors and affiliated Debtors stated that moreover, a viable company would help preserve and supports jobs and benefits, not only for GMs employees, but also for the employees of GM suppliers and dealers. So why I continue to be mistreated, misguided, all tactics abuse from the Debtors GM and affiliated Debtors?

Sheryl J. Carter 546  
08-10-09-50026

Again I Sheryl J. Carter reject object to the Debtors and affiliated Debtors Plan Disclosure Statement, Hearing Confirmation of the Plan and Procedures and objecting, Rejecting to Confirmation of the Plan, voting on the Plan.

Rule 3018 (a) motion of Federal Rules of Bankruptcy Procedure allowing my claim, claims in a different amount that the Debtors and affiliated Debtors requesting in the voting Plan. Enclosed are copies of claims that I requested \$5 million each claim, any other claims this amount should also apply for those claims I have file against the Debtors and affiliated Debtors, as stated by the Debtors it

Sheryl Carter  
Case No 09-50026 6 #6

is the opinion of the Debtors that  
Confirmation and implementation  
of the Plan is in the best interest  
of the Debtors estates and creditors.  
What about the best interest of the  
Claimants, I Sheryl Carter, as I  
reject, object with all the Plans by  
the Debtors and their affiliated Debtors.  
That I feel is in the best interest  
of me, Claimant.

Thank You.

Sincerely  
Sheryl Carter